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CONFIRMATION NO. 8762

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/595,407		338	2862	36856.1434

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**** CONTINUING DATA *******

This application is a 371 of PCT/JP05/03843 03/07/2005

**** FOREIGN APPLICATIONS *******

JAPAN 2004-085503 03/23/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

02/26/2009

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		JAPAN	6	15	2

ADDRESS

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TITLE

ELONGATED MAGNETIC SENSOR

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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